

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE *
(Other Instructions on reverse side)

Budget Bureau No. 1004-0135

N.M. Oil Cons. Division

1625 N. French Dr.
Hobbs, NM 88240

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" - " for such proposals.)

| | | | |
|--|--|---|--------------------------------|
| <p>1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW</p> <p>2. NAME OF OPERATOR The Wiser Oil Company</p> <p>3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 2080' FWL Unit N</p> | <p>7. UNIT AGREEMENT NAME Maljamar Grayburg Unit</p> <p>8. WELL NAME AND NO. 11</p> <p>9. API WELL NO. 30-025-00446</p> <p>10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andres</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3-T17S-R32E</p> | | |
| <p>14. PERMIT NO</p> | <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4213' DF</p> | <p>12. COUNTY OR PARISH Lea County</p> | <p>13. STATE NM</p> |

16. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
|---|---|
| TEST WATER SHUT OFF <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> |
| CHANGE PLANS <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | ABANDONMENT* <input checked="" type="checkbox"/> |
| | (Other) <u>Remedial work</u> <input checked="" type="checkbox"/> |
| | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

11/09/98 MIRU Pool Well Service. ND WH. NU BOP. Release pkr. POH w/2-3/8" IPC tbg. RIH w/3-3/16" blade bit on 2-3/8" work string. Tag @ 3863'. Pull up to 3800'.

11/11/98 Drilled f/3879'-4289'. Circulate clean. LD 2-3/8" work string & bit. RIH w/AD-1 pkr on 2-3/8" IPC tbg. to 3808'.

11/12/98 Circulate 75 bbls. pkr. fluid. Set pkr. @ 3808' w/12,000# tension. Pressure test csg. & pkr. to 500# for 15 minutes. Placed back on injection - 220 BWPD @ 1200#.

11/20/98 MIRU Reef Services & acidized 2-3/8" tbg. w/3000 gals. 15% acid w/anti-sludge & iron control w/3100# rock salt. Flush to perfs. ISIP 3160#. 5 min. 2700#. 15 min. 2510#. Avg. rate 3.5 bpm. Max. pressure 4000#. SI 2 hrs. TP 2150#. Test casing to 500 PSI. (Copy of pressure chart attached, original to NMOCD). Test performed /witnessed by Nick Jimenez with Gandy Corporation. Placed back on injection @ 200 BWPD w/2150#. RDMO.

18. I hereby certify that the foregoing is true and correct.

SIGNED Mary Jo Turner TITLE Production Tech II DATE October 18, 2001

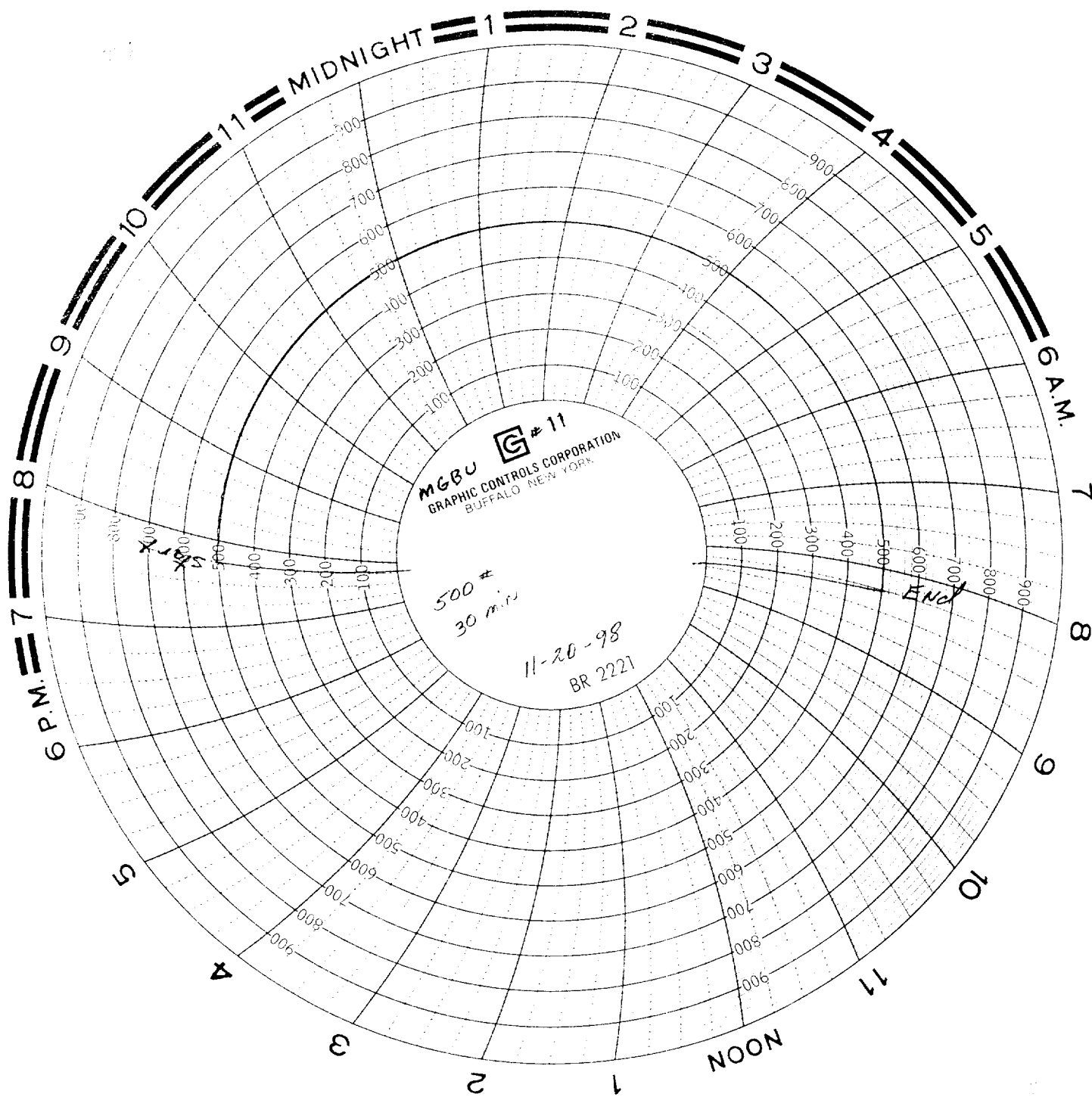
(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side



11-20-98